COUGHLAN GARY P/PA Form 3 March 18, 2008 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Ad COUGHL	^	-	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol Visa Inc. [V]						
(Last)	(First)	(Middle)	03/18/200		hip of Reporting Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)			
C.O. VISA II SAN FRANCISCO	(Street)				X Direc		6 Owner er	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)		Table I - N	on-Deriva	tive Securi	ties Be	eneficially Owned		
1.Title of Securi (Instr. 4)	ty			2. Amount of S Beneficially O (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	*		
No securities	are benefi	cially owned		0		D	Â			
Reminder: Repo owned directly c	or indirectly. Person inform require	ns who respon nation contain ed to respond	nd to the co ed in this fo I unless the	ollection of orm are not form display	. 5	EC 1473 (7-02	!.)			
	curren	tly valid OMB	control hu	mber.						

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date		Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 0	Direc	tor	10% Owner	Officer	Other		
COUGHLAN GARY P/PA C.O. VISA INC., P.O. BOX 8999 SAN FRANCISCO, CA 94128-8999	ÂZ	X	Â	Â	Â		
Signatures							
/s/ Ariela St. Pierre 0 Attorney-in-fact	3/18/2	2008	8				
**Signature of Reporting Person	Date	e					

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.